



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420**

April 7, 2005

**HEALTH SERVICES RESEARCH AND DEVELOPMENT SERVICE
PROGRAM ANNOUNCEMENT**

HSR&D PRIORITIES FOR INVESTIGATOR-INITIATED RESEARCH - FISCAL YEAR 2006

1. Purpose

The Department of Veterans Affairs (VA) Health Services Research and Development Service (HSR&D) is identifying in this announcement priorities for funding through Fiscal Year 2006. Proposals clearly responsive to this announcement will be given priority funding consideration through a revised funding protocol as articulated in paragraph 5 below. Each area has been developed by an HSR&D portfolio manager, in consultation with field based science advisors and with input from senior VA leaders and other VA advisory groups. The following are the priority areas for fiscal year 2006:

- A. Equity
- B. Implementation
- C. Mental Health
- D. Long-Term Care
- E. Women's Health
- F. Research Methodology

Each priority area is briefly defined and illustrated with sample topics in this announcement.

2. Background

Health services research is a multidisciplinary field concerned with the effects of social factors, financing systems, organizational structures and processes, technology, and human behavior on health care access, quality, costs, and outcomes. In VA, health services research focuses on understanding how to organize, deliver, and finance health care to meet the needs of veterans and to ensure that their health care system is sound and consistently excellent. It emphasizes research that has practical applications for patients, health care providers, managers, and policymakers. HSR&D supports the highest quality scientific research related to this broad mission and encourages work in specific priority areas detailed in this solicitation.

3. Eligibility

Investigators who hold a paid VA appointment of at least 5/8 time are eligible to apply. Questions about eligibility may be referred to the Eligibility Coordinator (see Appendix for contact information).

4. Funding

Proposals may request up to four years of funding; however, projects that can produce useful findings, either intermediate or final, in a shorter timeframe are encouraged. The research design is expected to be appropriate and efficient, with all budget categories well justified. Moreover, projects that exceed \$300,000 in any one year or a total of \$900,000 will not be accepted without a previous, written waiver approved by the portfolio manager and the Director, HSR&D Service (see Appendix for submission requirements). In planning project budgets, applicants are reminded to adhere to HSR&D guidelines regarding allowable use of research funds for specific items and restrictions on the use of research funds for equipment and development of computer software (see VHA Handbook 1204.01, Chapter 5, HSR&D Funding for "Development").

5. Funding Decision

In order to encourage investigators to conduct research in areas of high interest to HSR&D, proposals that respond to the targeted solicitations will be given special consideration. The merit review score, which is based on significance, approach, innovation, and environment, will continue to serve as the main determinate for identifying proposals that will be considered for funding. Proposals with fundable scores and that are also responsive to targeted solicitation requests will be given priority funding consideration. More specifically, the funding protocol below will be followed:

- 1) HSR&D rank orders all applications by merit score;
- 2) The Director assigns a percentage line for funding, based on a historical or policy target.
- 3) The Director will first consider funding all applications responding to targeted solicitation requests within the funding line, until all IIR funding for the review cycle is exhausted. Resubmitted proposals responsive to previous solicitations for which projects have not received funding also will receive this special consideration.
- 4) If there are IIR funds remaining, the Director will consider funding all general applications within the funding line.
- 5) Projects scoring outside the funding line will be funded at the discretion of the Director, as funds allow.

6. Application Process

Contact information and an overview of the application process are contained in the Appendix. Specific guidelines concerning the application process, due dates, and program contacts are available at http://www.hsr.d.research.va.gov/for_researchers/funding/application/. Do not rely on old announcements for this information.

Solicitation A - Equity

Interventional Studies to Reduce Ethnic Minority Health Care Disparities:

A number of studies have documented the existence of health care disparities in both veteran and non-veteran ethnic minority populations. Recently funded studies by VA have highlighted important determinants explaining these disparities, such as patient-physician communication, patient attitudes, and health literacy. Thus, patients, providers, health care facilities, and health care systems may all contribute to ethnic minority health care disparities. Interventional studies aimed at these sources, as well as other identified sources, may play a significant role in promoting equitable health care services among all veterans.

Purpose: To develop and evaluate interventions to reduce ethnic minority health disparities.

Sample Research Topics:

- A. Development and evaluation of interventions that can address provider and patient beliefs and attitudes that may be responsible for impeding the delivery of optimum treatment.
- B. Examination of interventions in patient preferences and knowledge that impact on medical decision making and access to or use of health services.
- C. Patient-provider relationship interventions that may impact treatment decisions, variations in care, and racial and ethnic disparities (e.g., cultural competence, communication, language, trust, continuity of the patient-physician relationship).
- D. Interventions targeted at system-wide or facility-specific policies (e.g., regarding family members, organ donation, autopsy) and resources or services (e.g., bilingual staff, community outreach, religious accommodations) that can reduce variations in treatment or outcomes.

Related IIR Topics

Other topics related to the target problem and health equity in general are also welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, solicitations that are specifically responsive to the target problem will receive special consideration. Diseases with significant ethnic minority health care disparities, such as cardiovascular disease, diabetes, cancer, HIV/AIDS, chronic kidney disease, mental illness, and respiratory diseases, may be of particular interest.

For inquires regarding this solicitation, please contact Rachael Evans, MPA at rachael.evans@va.gov or (202) 254-0133. When submitting a proposal, indicate that you are responding to this solicitation by typing "Priority 2006-Equity" in Box 2 of the 10-1313-1 Merit Review Application Form.

Solicitation B – Implementation

Implementation and Management Research Projects to Advance the Science of Implementation:

As a large integrated health care system, VA presents many opportunities for incorporating research findings into clinical practice. To better inform such efforts, HSR&D is interested in studies that help build a solid foundation for implementing evidence-based clinical practice within VA. Projects responding to this solicitation will identify tools, processes, data, methodologies and other resources needed to influence practice, access to care, and enhance the health of our nation's veterans. We encourage studies that identify promising implementation strategies for specific application in VA, especially studies that respond to the special needs of veterans.

Purpose: To develop the conceptual, methodological, and technical groundwork for implementation within VA. Projects responding to this solicitation will inform VA about the most effective models and approaches for implementing evidence-based clinical practices.

Sample Research Topics:

1. Implementation projects focused on using provider-centric (e.g., decision support technologies) or patient-centric (e.g., myHealtheVet) informatics. Such projects would evaluate technologies and explore acceptability and adherence.
2. Studies that explore the use of incentives and other motivators (financial and non-financial) at the patient, provider or systems level. These may be motivators specifically initiated for this purpose or motivators that already exist, (e.g., Baldrige, Carey, or Magnet Status). Investigators should look at both positive and negative impacts and potential for generalizability.
3. Research focused on understanding how evidence informs and influences the actions of organizations and managers; e.g., what are the information needs of VA managers and how do they respond when evidence is provided to support (or discredit) new or extant practices? The best format and pathways for delivery of evidence also should be explored.
4. Studies that focus on veterans' self-identified needs and that include veteran participation at various stages of study, including development. Such veteran-focused implementation studies may identify areas wherein implementation of new, innovative and/or more effective practices is especially or urgently need.

Related IIR Topics

Other topics that are peripherally related to the target problem and/or Implementation in general are also welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, proposals that specifically address the target problem as described in this solicitation will receive special consideration.

For inquiries regarding this solicitation, please contact Caryn Cohen, MS at caryn.cohen@va.gov or (202) 254-0218. When submitting a proposal, indicate that you are responding to this solicitation by typing "Priority 2006-Implementation" in Box 2 of the 10-1313-1 Merit Review Application Form.

Solicitation C – Mental Health

Effectiveness of Mental Health Strategic Plan Initiatives on Improving Care:

In 2003, the President's New Freedom Commission on Mental Health issued recommendations to improve mental health care in the United States. The Veterans Health Administration convened mental health experts who recommended a corresponding "Action Agenda," which was subsequently operationalized in the Mental Health Strategic Plan (in these documents, mental health is broadly defined to include substance use and post-traumatic stress disorders). Of special interest in this solicitation are the recommendations to: improve the continuum of care for substance use disorders, improve earlier identification and treatment of posttraumatic stress disorders, and implement recovery-oriented treatment approaches, particularly evidence-based programs and peer support services. Implementation of policies and recommendations began in 2004.

Purpose: To assess and enhance the effectiveness of the designated initiatives of the Mental Health Strategic Plan that are of special interest as noted above, and as specified in the sample research questions below.

Sample Research Topics:

- A. Determine the appropriate mix and organization of services (e.g., detoxification, inpatient/residential, intensive outpatient, outpatient, psychosocial, pharmacological) that will ensure the full continuum of care for patients with substance use disorders and varying life circumstances and co-occurring conditions, including studies of the types of patients who benefit most from particular types and combinations of services, and how best to facilitate transitions from one level/type of care to another on the continuum.
- B. Evaluate strategies to improve earlier identification and treatment of post-traumatic stress disorders and related mental health disorders, especially in returning Operation Enduring Freedom and Operation Iraqi Freedom veterans, e.g. utilizing Advanced Clinic Access principles to eliminate delay and improve access; quality; patient, provider and staff satisfaction; and decrease cost.
- C. Investigate the impact of evidence-based recovery-oriented approaches to mental health treatment, such as cognitive-behavioral treatments, family psychoeducation, supported employment, and social skills training.
- D. Compare strategies used in mental health services for implementing recovery-oriented treatment programs specified in item C above.

- E. Assess the effectiveness and impact of peer-support programs in supporting recovery and community reintegration in veterans with mental illness.

Related IIR topics

Studies focused on improving the effectiveness and efficiency of behavioral health screens in VA's healthcare system and other topics related to the target problem and mental health in general are also welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, solicitations that are specifically responsive to the target problem will receive special consideration.

For inquires regarding this solicitation, please contact Martha Bryan, EdD at martha.bryan@va.gov or (202) 254-0251. When submitting a proposal, indicate that you are responding to this solicitation by typing "Priority 2006-Mental Health" in Box 2 of the 10-1313-1 Merit Review Application Form.

Solicitation D – Long-Term Care

Improving the Quality of Life for VA Long-Term Care Patients:

A recent GAO report notes that the veterans' population most in need of nursing home care - veterans 85 years old and older – is expected to increase from almost 640,000 to over 1 million by 2012 and remain at that level through 2023. In September 2003, HSR&D held a State of the Art Conference (SOTA) on the topic of long-term care. The overarching theme from the SOTA is that long-term care is not simply service directed episodic health care, but rather includes comprehensive long-term family and patient-centered care. Assessment and improvement of the care VA provides or oversees must include these dimensions and must be able to respond to changes in patients' health and functioning, locus of care, and mix of services.

Purpose: Assess and enhance access and care coordination to improve the quality of life for VA long-term care (LTC) patients. Of particular interest are innovative approaches that are evaluated for effectiveness within the current long-term care infrastructure and with current fiscal constraints.

Sample Research Topics:

- A. Evaluating models for access and care coordination, making patients the focus of care, and including transitions across outpatient, acute, residential, and home based care. This could include studying structure, process, outcomes, and/or communication.
- B. Examining methods to facilitate family and friends' involvement in the patient's LTC experiences to enhance access and care coordination and quality of life for both the patient and the caregivers.

- C. Evaluating approaches to address financial, transportation, administrative, and other access barriers to the coordination of the provision of LTC in the VA system and to patient transitioning between types of care.
- D. Studying interventions in access and care coordination and transitioning between types of care that can be translated into practice in current VA LTC environments. This could include exploring strategies to maximize LTC facilities' utilization of findings or expertise from existing research centers in VA, academic, and clinical settings to enhance patient and caregiver quality of life.

Related IIR Topics

Other topics related to LTC in general are also welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, solicitations that are specifically responsive to the target problem will receive special consideration.

For inquires regarding this solicitation, please contact Pauline Sieverding, PhD at pauline.sieverding@va.gov or (202) 254-0249. When submitting a proposal, indicate that you are responding to this solicitation by typing "Priority 2006-Quality" in Box 2 of the 10-1313-1 Merit Review Application Form.

Solicitation E – Women's Health

Assessment of the chronic illness care needs of women veterans, including physical and mental health conditions and their combined impact on women veterans and their utilization of, and demands on, the VA health care system:

The Health Services Research Work Group at the VA Women's Health Research Agenda Setting Conference identified assessment of the needs of women veterans and evaluation of models of care to meet those needs as key health services research priorities. Combining evidence from the published literature and an array of VA data on women veterans, the Work Group recommended chronic illness, including physical, reproductive and mental health conditions and in particular the degree of co-morbid disease burden among women veterans, as a priority area for future VA research. This recommendation is based on the documented prevalence of mental health conditions, the dearth of information about physical health conditions as well as the presence of co-occurring conditions, and the need for more research on the unique circumstances of military service that have special health consequences for women veterans and impacts on their access to and use of services. Systematic assessments of health care needs that build on current evidence, where possible, will facilitate the provision of quality care to women veterans.

Purpose: To assess the physical and mental health needs of women veterans in ways that will contribute toward identifying potential health care system gaps and approaches for enhancing VA's ability to meet these needs.

Sample Research Topics:

- A. Assessment of the disease burden among women veterans, including for example, studies of disease incidence, prevalence, severity, disability, co-morbidity and/or the impact of physical and mental health needs. In the assessment of mental health conditions, consideration should be given to mental illness and related psychosocial and behavioral conditions in women veterans (e.g., serious mental illness [SMI], depression, anxiety, combat stress, military sexual trauma, PTSD and substance use). These analyses should answer discrete questions about the physical and mental health care needs of women veterans, particularly those with co-morbidities.
- B. Assessment of variations in the physical and/or mental health needs, disease prevalence and severity, and access to and utilization of services among women veterans by age, era of service (e.g., Iraq vs. Gulf War), type or unit of service (e.g., active duty vs. reservist or National Guard, combat vs. non-combat), racial or ethnic group, special populations (e.g., homeless women veterans), service connection, mental health care diagnosis (e.g., PTSD in African American women veterans), and other socio-demographic factors.
- C. Evaluation of differences in disease burden and utilization of physical and/or mental health care services among women veterans by different categories of VA utilization (i.e., only-VA users, dual users of VA and non-VA services, non-VA users). Issues to consider include access and barriers to physical and/or mental health care at different VA and non-VA settings, the availability and organization of VA services (including screening, identification and intervention programs, and models or systems of care, e.g. implementation of Advanced Clinic Access principles), and preferences for care by women veterans.
- D. Assessment of the contribution of physical and mental health conditions and physical and behavioral risk factors (e.g., cardiovascular, chronic pain, obesity, diabetes, pregnancy and reproductive health, musculoskeletal, depression, military exposures, sexual trauma, substance use), as well as the impacts of co-morbid mental and physical diagnoses, on the health care utilization of women veterans.

Related IIR topics

Other topics related to women's health, particularly related to systems of care, are also welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, solicitations that are specifically responsive to the target problem will receive special consideration.

For inquiries regarding this solicitation, please contact Linda Lipson, MA at linda.lipson@va.gov or (202) 254-0231. When submitting a proposal, indicate that you are responding to this solicitation by typing "Priority 2006-Women" in Box 2 of the 10-1313-1 Merit Review Application Form.

Solicitation F - Research Methodology

Advancing the process of quality improvement by developing and testing innovative methodological approaches for identifying sources of variation in the adoption of change:

Implementation research generally uses a broad approach that potentially misses specific aspects of an implementation that actually do and do not work and why. Attempts to enhance quality or access to care are thus hampered by not understanding the barriers and facilitators of change processes. Combined methodological approaches are needed to best understand and study these processes. Evaluations should combine qualitative and quantitative components as standard research procedures in quality improvement efforts.

Purpose: To develop and test innovative methodological approaches that capture formative information on structure and process factors that enable change and build this information into quantitative analysis. The qualitative formative analysis should identify latent factors that mediate the adoption of change in clinical care; the quantitative analysis should measure the contribution of these factors to change.

Sample Research Topics:

- A. Factors related to provider adoption of practice and guideline changes, e.g. implementation of Advanced Clinic Access principles.
- B. Organizational factors impacting improved patient care delivery, including access to care.
- C. Patient factors in the activation of behavioral changes.

Related IIR topics

Studies focused on development of survey instruments as measures of change, analysis of the costs of an intervention, development of quality improvement interventions, implementation or translation projects, application of existing surveys, and identification of factors related to management or budget are also welcome and may be submitted as IIR proposals; however, proposals that are specifically responsive to the target problem will receive special consideration.

For inquiries regarding this solicitation, please contact Christine Elnitsky, PhD, RN at Christine.Elnitsky@va.gov or (202) 254-0199. When submitting a proposal, indicate that you are responding to this solicitation by typing "Priority 2006-Methodology" in Box 2 of the 10-1313-1 Merit Review Application form.

Appendix

1. Intent to Submit

It is no longer necessary to submit a Letter of Intent (LOI) prior to submitting a full proposal. However, Administrative Officers should complete an Intent to Submit form that will be e-mailed to the field prior to the proposal submission deadline for each review cycle.

2. Proposal Preparation and Submission

Proposals that directly respond to this solicitation should be identified by naming the solicitation and section in Box 2 of the 10-1313-1 Merit Review Application Form; e.g., (Priority 2006 – Equity). Proposals are to be prepared in accordance with VHA Handbook 1201.01 Chapter 3, "Project Proposals" (available at all R&D offices and on the web at <http://www.hsr.d.research.va.gov/>). No individual may be named as Principal Investigator (PI) or co-PI on more than one proposal per solicitation topic per review cycle, in response to this announcement. The initial proposal receipt date is June 15, 2005. First submission responses to this solicitation will receive special consideration for at least the next two review cycles (i.e., June 15, 2005 and December 15, 2005).

3. Requesting Waiver of Budget Limits

In rare instances, a waiver may be granted for projects that exceed \$300,000 in any one year or a total of \$900,000. A request must be received no later than 30 days prior to the proposal submission date (December 15 and June 15). The request must include all budget information from the proposal (VA forms 10-1313-1, 10-1313-2, 10-1313-3, 10-1313-4) and a one-page justification. Following approval by the local HSR&D Center (if any) and ACOS, the request and related documentation should be sent via courier or e-mail (preferred) to the relevant portfolio manager. An e-mail response will be given within 10 days. A copy of the e-mailed waiver must be included with all copies of the application. A waiver does not guarantee a project will be funded at the level requested.

4. Research Methods

All proposed studies are expected to use research designs and methods that maximize the validity, reliability, generalizability and usefulness of findings. While the research must be grounded in the realities of VA practice and address real world information needs, it also must have a clear theoretical framework, demonstrate familiarity with the pertinent literature, and employ a data collection and analysis strategy that will yield valid, useful conclusions. The multidisciplinary nature of health services research should be evident in the formulation of the research questions, and the methodological approach may draw from one or more discipline(s). Study teams should generally include individuals with experience and expertise in clinical and non-clinical fields, including pertinent social scientists and research methodologists.

5. Review

Proposals received in response to this announcement will undergo merit review, along with other IIR projects, by the HSR&D Scientific Merit Review Board (SMRB). The review is

rigorous and standards are very high; both scientific merit and expected contribution to improving VA health services are considered. Investigators are expected to develop and describe their research plan completely and in detail. Proposals recommended for approval by the SMRB will be considered for funding.

6. Inquiries

For information relating to the specific solicitation area, contact the portfolio manager listed in that section. For information about the review process, contact Martha Bryan, EdD at (202) 254-0251 or martha.bryan@va.gov. To inquire about eligibility, contact Pauline Sieverding, PhD, JD, MPA at (202) 254-0249 or pauline.sieverding@va.gov.

A handwritten signature in black ink, appearing to read 'Stephan D. Fihn', with a long horizontal flourish extending to the right.

Stephan D. Fihn, MD, MPH
Acting Chief of Research and Development Officer